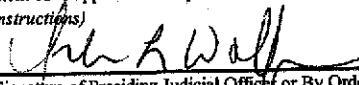


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./ DIV. CODE NJXTR	2. PERSON REPRESENTED NOEL LOPEZ		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER CR. 05-888-03	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA V MATTHEW THOMPKINS	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18:2423(e) Conspiracy to Transport Minors to Engage in Prostitution				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Kim Otis, Esq. Haveson & Otis 194 Nassau Street Princeton, NJ 08542		13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> X Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney	<input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel	
		Prior Attorney's Linda Foster, AFD	Appointment Dates: 3/6/09	
		<input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)		
		 Signature of Presiding Judicial Officer or By Order of the Court		
		March 10, 2009 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)				
15. Out of CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS
a. Arraignment and/or Plea				
b. Bail and Detention Hearings				
c. Motion Hearings				
d. Trial				
e. Sentencing Hearings				
f. Revocation Hearings				
g. Appeals Court				
h. Other (Specify on additional sheets)				
(RATE PER HOUR = \$)		TOTALS:		
16. Out of				
a. Interviews and Conferences				
b. Obtaining and reviewing records				
c. Legal research and brief writing				
d. Travel time				
e. Investigative and other work (Specify on additional sheets)				
(RATE PER HOUR = \$)		TOTALS:		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)				
18. Other Expenses (other than expert, transcripts, etc.)				
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number		<input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____		
23. IN COURT COMP.		24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES
27. TOTAL AMT. APPR./CERT.				
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE		28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.		30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES
33. TOTAL AMT. APPROVED				
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE		34a. JUDGE CODE